

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 204  
Registered No. 58

### 1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child Juan Perez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 3-27-1930  
Month Day Year

8. Julio Perez FATHER  
Full name

14. Juana Mosqueda MOTHER  
Full maiden name

9. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 40 (Years)

16. Color or race Mex. 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex.

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex.

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 10  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 9  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
\_\_\_\_\_  
(Physician or Midwife).

Given name added from supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_ 1930 Globe  
Registrar \_\_\_\_\_ Registrar

179 - 327 - 1416